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| | | | | •Affiliased Office |
| TO: | U.S. Patent and Trademark Office | :e | DATE: | September 16, 2005 |
| 10. | Examiner: Latoya I. Cross Art Unit: 1743 | | • | |
| FROM: | Barry M. Shuman/Wei-Ning Yan | ng | TIME: | |
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| I hereby ce | plication No.: 09/811,028; Our Ref. 8 rtify that the following documents: ent Under 37 C.F.R. § 1.116/Amendme | | | |
| are being | facsimile transmitted to the Commissio | ner for Patents, P.C |). Box 1450, Alexandr | ia, VA 22313-1450, for |
| filing in ti | September 16, 2005 Date of Deposit | Donna M | . Bourgeois | |
| TEI | LECOPY/FAX NUMBER: | 571-273-8300 - | ART UNIT 1743 | |
| | CLIENT NUMBER: | 81841.0154 | | |
| ATTOR | NEY BILLING NUMBER: | 6085 | | · |
| COI | NFIRMATION NUMBER: | 571-273-83 <u>00 (</u> r | eturn fax to Donna M. | Bourgeois) |
| 41841 8751 936 | | | | |

Art Unit:

FORM PTO-1083

1991-174 (81841.0154)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Donald J. GJERDINGEN, et al.

Serial No: 09/811,028 Filed: March 16, 2001

ROTARY INCUBATION STATION FOR

IMMUNOASSAY SYSTEMS

Mail Stop AF Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir.

Transmitted herewith is an Amendment Under 37 C.F.R. § 1.116

for the above-identified application.

No additional fee is required.

Examiner: Latoya I. Cross

> I hereby certify that this correspondence is being transmitted via facsimile to

(571) 273-8300:

1743

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

September 16, 2005

Date of Deposit Donna M. Bourgeois

Name 09/16/05 Date Signature

The fee has been calculated as shown below:

| te lee has been c | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUME PREVIOUSLY PAII | BER D FOR | (Col. 3) PRESENT EXTRA* | LG/8 \$ ENTIT | | D'L D'L |
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| INDEPENDENT | 3 | 1.1 | 3 | | | LG=\$86 SM=\$43 | . \$ | \$ 0 |
| CLAIMS FEE | N OF MULTIPLE DEPENDE | NT CLAIM | AS . | | LARGE SMALL | ENTITY FE | E = \$290 E = \$145 | \$ 0 |
| Independent Claims | | | , <u></u> | · · · · · · · | | | TOTAL | \$ 0 |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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| A check in the amount of \$ | to cover the add | itional claims fee is | s enclosed. | A copy of this sheet is |
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enclosed. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAM& HARTSON

Dated: September 16, 2005

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700

Facsimile: 213 337-6701

Wei-Ning and (Contact Person)
Registration No. 38,690 Attorney for Applicant(s)

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Registration No. 50,220

Appl. No. 09/811,028 Amdt. Dated September 16, 2005 Reply to Office Action of June 30, 2005 Attorney Docket No. 81841.0154 Customer No. 26021

Art Unit: 1743

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 1 6 2005

In re application of:

Donald J. Gjerdingen, et al.

Serial No.: 09/811,028

Confirmation No.: 5691

Filed:

March 16, 2001

For:

ROTARY INCUBATION STATION

FOR IMMUNOASSAY SYSTEMS

AMENDMENT UNDER 37 C.F.R. § 1.116

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

September 16, 2005
Date of Deposit
Donna M. Bourgeois
Name
Og/15/05
Signature
Date

Examiner: Latoya I. Cross

Dear Sir:

In response to the Final Office Action dated June 30, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.